I

CITY OF SALFORD

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

J. L. BURN, M.D., D.Hy., D.P.H.

For the Year ended 31st December, 1963.

STAFF OF THE SCHOOL HEALTH SERVICE

at 31st December, 1963

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PART-TIME SPECIALIST ORTHODONTIST	W. B. SENIOR, D.D.O., R.F.P.S., L.D.S., R.C.S. (Eng.).
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*By arrangement with the Manchester Regional Hospital Board.

STAFF *(continued)*

FULL-TIME SPEECH THERAPISTS	GRETA M. GORDON, L.C.S.T. DOROTHY M. WILSON, L.C.S.T.
PART-TIME SPEECH THERAPISTS	SUSAN C. YOUNGHOUSE, L.C.S.T. JOAN M. MARSHALL, L.C.S.T.
CHIEF CHIROPODIST	BERNARD D. BLANK, M.Ch.S., S.R.Ch.
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ACTING SENIOR CLERK	G. A. KELLY.

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SCHOOL HEALTH SERVICE ANNUAL REPORT

TO THE CHAIRMAN AND MEMBERS OF THE SUB-COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report for 1963.

The nutrition of the Salford school child is much better than it used to be. This does not mean to say that all our children are properly fed – far from it. Children need to have *more* natural, unprocessed foods – fruit, vegetables, meat, milk, milk products, liver, fish, and *less* tea, bread and chips. Starchy and sugary sweet foods are far too common. All adults responsible for the care of children should realise that the dietary habits of childhood tend to persist throughout life. Mistakes made in early life take much tiresome correction later on. I have before me photographs of many rickety children who attended Salford schools forty years ago. One does not see nowadays any of our school children with such obvious malformation of bony structures.

The top causes of *deaths* in our children has followed the usual pattern of many years with its terrible toll of road accidents, and of river and canal drownings. I long for the day when our children will be protected from this danger – the old canals being filled in or covered over. It is sad to think that some children now playing happily may be dead during the next year or two from preventable causes. Half of our school-age deaths are due to accident by road or river. On road safety even greater emphasis to "mind how you go" to both drivers and young pedestrians appears to be needed. On safety of children from drowning, perhaps a counter-attraction to the river which winds throughout our City might be the setting up of attractive and imaginative play-spaces. The section on *physical education* shows that much is being done to provide training in useful leisure activities; the extension of this work to cover younger age-groups as well as Youth-Club age-groups, outside school hours might help to keep children away from dangerous areas.

It is too early to comment upon the results of our change of pattern regarding medical examinations. This work is not yet in a form which can usefully be reported. Much has been done for some years past in Salford on "selective medical examinations" – an examination of the older child based upon information received from parent, headteacher, nursing staff and medical records within the Department.

Less than one in fifty children appeared to be in *unsatisfactory physical condition* at medical inspections.

A study of the *infectious diseases* incidence during the year shows a decrease in the number of dysentery cases. Measles is still a widespread problem – the introduction of a successful vaccine would reduce absence from school and also show a decrease in the type of defect often consequent upon this disease.

Foot troubles, such as warts and 'athletes foot' are still prevalent in our schoolchildren; the fashion footwear worn by older children of both sexes is also of great concern. We cannot impress too strongly upon our senior schoolchildren and their parents, the need for suitable footwear if children are to be saved in later life from painful foot problems met among the aged.

In recent years, due to the better physical condition of our children, we have been able to enlarge the range of services which deal with the important senses of *vision* and of *hearing* and also of psychological development and suitability. For many years we have maintained effective eye and ear, nose and throat clinics and services. During 1963 we extended the Speech Therapy Service and also included a session for this purpose within Oaklands School. The Child Guidance Service report indicates that the child of higher intelligence and the child of 10 years of age or older are more frequently seen at this clinic than are the less intelligent or younger children. We need to investigate this aspect of child health with a view to identifying the problems which might arise and provide anticipatory guidance at an earlier age and so release the energy of the child into forward-looking, constructive channels.

Much time has been devoted this year to the care of the *handicapped child.* The opening of Oaklands School has been a marked advance in our care for the physically handicapped child.

The wider range of duties which devolved upon the School Health Service by the Education Act of 1944 are now firmly established but we are forever searching for new and better methods to carry out these duties, to have in mind the changing needs and changing treatments, to remember always that the main purposes of the School Health Service are *to promote health,* to *prevent preventable disease* and to *detect and ensure treatment of defects* as soon as possible. We need particularly to promote suitable *health education* programmes for the children with a view to their health and well-being both at school and in later life. I am glad that closer contact has been made recently with the head teachers by means of informal meetings to discuss problems of mutual interest.

I take this opportunity of expressing my warm thanks to all who have helped the School Health Service in any way, and particularly the medical, nursing and administrative staff, for their devoted service. I am also grateful to you, Mr. Chairman, Ladies and Gentlemen, for your support. I wish to record my appreciation to Mr. F.A.J. Rivett, Director of Education, the teachers and staff of the Education Committee for their co-operation during the year under review.

J.L. Brown

Principal School Medical Officer.

MEDICAL INSPECTIONS

During the year periodic medical inspections were carried out on 2,098 children born in 1957 or later. All these inspections were carried out on school premises.

When compared with the figures reported by other local authorities, a relatively high proportion of Salford school children still require treatment or observation for ear infections and for nose and throat conditions, chiefly enlarged tonsils and adenoids. The number of children requiring observation for these conditions far exceeds the number requiring treatment and this is no reflection on the state of health of the children. It simply means that in Salford defects discovered are followed up carefully by the School Health Service.

The proportion of children reported to be of unsatisfactory physical condition was 1.85%.

Selective Medical Inspections

During the summer term "selective" medical inspections were carried out at secondary schools. The parents of all children in their first year of secondary education were asked to complete a questionnaire. This questionnaire was devised by our own medical staff so that (if the questionnaire is correctly answered) it will bring to light any physical, emotional or psychological defects or problems which may be present. The school doctors then read the questionnaires together with each child's medical record card and decided which children should be examined. In addition head teachers and health visitors were given an opportunity to refer for medical examination children of any age about whom they were worried, such as those whose school attendance is poor, those who need extra help because of unsatisfactory home circumstances, those whose progress at school is unsatisfactory and those who will not mix with others.

The advantage of the selective method of examination is that doctors spend their time examining children with some defect or problem instead of spending a lot of time in examining children who are in good health. The method depends for its success on accurate completion of questionnaires by parents and good doctor–teacher and doctor–health visitor relationships. The disadvantage is that those "selected" for medical examination sometimes wonder why they are to be examined whereas others in the same class are not going to be examined.

Altogether selective medical examinations were carried out on 1,123 children and 54% of those examined were accompanied by a parent: 3% of those examined were considered to be of unsatisfactory physical condition.

School Clinics

In addition to periodic medical inspections and selective medical inspections carried out on school premises, medical examinations were carried out at school clinics on children who were absent from school at the time of the doctor's visit and on children referred for some special reason by school medical officers, head teachers, health visitors or nurses or school welfare officers. Some children were examined at the request of their parents.

Altogether over 10,000 children attended the 873 clinics which were held during the year.

Examination of Teachers

During the year, 119 candidates for employment as teachers were medically examined,, and 118 of them were found to be free from physical defects or to posses defects unlikely to interfere with efficiency in teaching.

Also 39 candidates for entry to training colleges were medically examined. All of them were free from physical defects or possessed defects unlikely to interfere with efficiency in teaching.

Educationally Subnormal Children

During 1963, intelligence tests were carried out on 174 children who were thought to be educationally subnormal or unsuitable for education at school.

The following recommendations were made:—

	Boys	Girls	Total
1. Education in a Day Special E.S.N. School	66	32	98
2. Education in a Boarding Special School	5	5	10
3. Unsuitable for education at school	4	2	6
4. Education in an ordinary school	14	10	24
5. Education in a Day Open Air School	6	1	7
6. To be re-examined	20	9	29
	115	59	174

The number of appointments made for the examination of educationally subnormal children was 250, of which 174 or 70% actually attended.

Number of I.Q. ascertainments carried out by:—

(a)	duly qualified School Medical Officers:—	121
(b)	Educational Psychologists	53
		174

Number of examinations requested by:—

(a)	School Medical Officers	112
(b)	Educational Psychologist	47
(c)	Head Teachers	14
(d)	Director of Education	1
		174

INFECTIOUS DISEASES

Notification of infectious diseases among Salford school children were as follows:—

	Boys	Girls	Total
Scarlet fever	8	5	13
Whooping cough	16	9	25
Measles	148	153	301
Dysentery	5	6	11
Pneumonia	1	–	1
Tuberculosis (respiratory)	1	3	4
Acute Rheumatism	2	2	4
Food poisoning	1	–	1

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Primary vaccinations were carried out on 38 school children and 102 children of school age were re-vaccinated.

B.C.G. Vaccination

B.C.G. Vaccination was offered to 2,875 children aged 13 or over, and the parents of 1,332 of them (46%) gave consent.

Mantoux tests were carried out on 1,078 children, 254 being absent when the doctor visited the school. Of the 1,078 who were Mantoux tested, 990 (92%) were Mantoux Negative and were vaccinated.

DEATHS AMONG SALFORD SCHOOL CHILDREN

During the year there were 10 deaths among Salford school children. Three boys died as a result of road accidents, one boy was drowned and one boy died owing to carbon monoxide poisoning. Of the other 5 deaths, one was due to broncho-pneumonia, one to liver failure in a boy with an abnormality of the bile ducts, one to leukaemia, one to heart failure in a boy who suffered from asthma and one to a tumour of the kidney.

THE HANDICAPPED REGISTER

The following table shows the number of children on the register of handicapped pupils requiring special educational treatment in the last two years.

	1962	1963
Blind	7	7
Partially Sighted	12	11
Deaf	18	16
Partially Hearing	21	16
Educationally Subnormal	411	428
Epileptic	2	–
Maladjusted	6	14
Physically Handicapped	50	54
Speech Defect	–	1
Delicate	249	223

THE SPECIAL REGISTER

A special register is kept of children who are suffering from certain disabilities, but who are able to attend ordinary schools, as the disabilities are not so severe that special educational treatment is needed.

The following table shows the number of children on the special register in the last two years :–

	1962	1963
Partially Sighted	18	21
Deaf	1	3
Partially Hearing	53	62
Epileptic	70	73
Physically Handicapped	115	112
Speech Defect	15	20
Delicate	411	333
Asthma	75	88
Heart	47	56
Acute Rheumatism	68	65
Multiple Defects	28	54
Diabetes	7	7

NURSERY CLASSES AND NURSERY SCHOOLS

Nursery Classes

Ten different schools were visited during 1963. Only two were visited twice.

It was noted that the majority of children examined were just about 5 years old and had only entered the school that term. This, however, is not really what was originally intended. The examination was for 3 – 4 year olds who were in a "Nursery Class". Very few Primary Schools in Salford are able to-day to take in the "underfives" and so the need for this special "medical" would seem to have disappeared.

A total of 191 children were examined (95 girls 96 boys) and once again Dental Caries (43) and Ear Nose and Throat conditions (49) accounted for most of the defects.

A few children were wearing glasses for strabismus. The general health of the children was good.

Nursery Schools

The five Nursery Schools were visited a total of thirteen times – some had a visit each term i.e. three in the year – which is what is desirable – others were seen twice in the year.

A total of 228 different children were medically examined and only

three were found to be unsatisfactory at that time. As in previous years early dental decay accounts for the highest number of defects – 44 children had at least one carious tooth; some unfortunately had many bad teeth and the mothers apparently do nothing about it because, (i) "The child does not complain" (ii) "They have never looked into the child's mouth" (iii) "The first teeth don't matter they come out anyway". Enlarged tonsils were found in 42 children and Genu-Valgum (knock knees) of varying degrees in 33, of these 21 were referred for treatment. One child was found to be deaf and appropriate help is being given.

The overall picture is of a happy healthy group of children who are benefiting greatly from the early companionship of other children of the same age group. If Nursery Classes are not available in the schools to-day, every effort should be made to find a place in a Nursery School for these young children, especially if they are "only children". Much is being done to increase the numbers attending by having three groups of children:– those who attend morning only; afternoon only and some all day in three Nursery Schools.

PAEDIATRIC CLINIC

(Dr. R. I. Mackay)

Regular weekly clinics have continued throughout the year. Most of these have been held at the Regent Road offices but on two occasions children have been examined at Claremont Open Air School to avoid undue disruption to their school programme. It is expected that this arrangement will be extended to Oaklands School.

A great variety of disorders are referred to the Consultant Clinic, both simple and complicated. On many occasions it is possible to arrange treatment with the General Practitioner or the clinic services and thereby avoid attendance at Hope Hospital Out-Patients.

There is also access to special surgical departments such as Ear, Nose and Throat, Thoracic Surgery and Neurosurgery and it is possible to make arrangements direct with these departments for the treatment of children who are examined at this clinic.

It is also possible to reassure parents anxious about the health of a child that there is no organic disease and to avoid a full hospital investigation.

One session per month is taken up with the examination of the mentally subnormal children together with the staff of the Mental Health Department This development is a reflection of the changing pattern of child care, indicating that more attention must be paid to the health and training problems of the mentally subnormal.

The number of children examined concerning the various disorders were as follows:–

Neurological	9
Behaviour problems	17
Allergic Disorders	17

Upper Respiratory Infection	27
Otitis	2
Bronchiectasis	2
Nutritional	
Obesity	6
Anaemia	7
Congenital Malformations	
Heart	5
Maldescent Testis	8
Other	5
Rheumatism	3
Constitutional and Benign Conditions	23
Bowel irregularity	7
Skin	5
Miscellaneous	8
Healthy children	17

CONSULTANT ORTHOPAEDIC CLINIC

(Mr. W. Sayle-Creer)

The orthopaedic services for the children of Salford have continued during the past year in a very satisfactory manner. I see the usual cases of minor deformities like knock-knees and flat feet, a few cases of polio but it is very satisfactory to be able to say there have been no new cases in the last twelve months. There are the usual unfortunate children suffering from cerebral palsy, but as I have said in the past, by and large the condition does not seem to be as serious as it used to be.

One of the very satisfying events of the last twelve months was the opening of Oaklands School for the physically handicapped. Children attending there are aged five years and upwards, and all have been assessed and are deemed educable. The degree of their intellectual status varies and the degree of their physical handicap also varies. What is so satisfying about Oaklands is that it is so well equiped and so well provided, and the treatments include physiotherapy, hydrotherapy, speech therapy, domestic science, and handicrafts. There is also music and movement which is so very useful, particularly in the early stages of physical handicap, because the rhythm of music seems to have a very useful therapeutic effect.

We now realise as a profession the importance of treating the physically handicapped child from the very earliest possible age, and I would urge on the Salford Health and Education Authorities the necessity for thinking in terms of the provision of nursery school accommodation for physically handicapped children under the age of five. If we could start treating them even as early as 12 months of age, many of these handicapped children would make even better progress than at present and they would be able to take more advantage of the facilities at Oaklands when they reach the age of five.

While one is considering the possible future developments in Salford in the care of the handicapped child, I would like to urge that we need a new special care unit for the seriously handicapped child, handicapped physically and intellectually. At present there is a non-residential unit at Wilmur Avenue, but I sometimes feel that if we could have a residential centre we could

help some of the grossly handicapped children to a much greater extent.

There is also the question of the over school age children. Many children will have to lead a sheltered life for the remainder of their lives but many of them are capable of useful work in a sheltered surrounding, and I would like to urge the preliminary investigation of the possibility of providing sheltered workshops. This is I admit a complicated problem. It is not beyond the bounds of solution. If it were not that Salford Health and Education Authorities have already made such advances in the treatment of the physically handicapped, and the mentally handicapped, I would hesitate to urge it, but so much progress has been made in this County Borough that I am sure further advances are not far away.

OPHTHALMIC CLINIC

(Dr. J. Scully)

During 1963 there were 4,904 attendances comprising, 2528 boys and 2376 girls and of these 2513 were refracted and 1908 pairs of glasses were prescribed. Attendances at the Orthoptic Clinic totalled 2876 comprising, 1696 boys and 1180 girls. The attendances of these latter children were for supervision of strabismus by vision testing using the Beale Collins picture chart and the illiterate 'E' test. Those considered to require operation had the angle of squint measured on the synoptophore. Children were not referred for operation until the best possible acuity obtained by occlusion and the wearing of glasses had been achieved. Operation cases were placed on the list at Hope Hospital after examination at the Ophthalmic Clinic at that Hospital. Children who defaulted occlusion treatment were written to on three separate occasions and if still failing to attend were home visited by a Health Visitor. The probability of diminished vision due to squint has thus been obviated by these methods of follow-up. These methods have been even more intensively applied in the new cases of strabismus which were found to have eccentric fixation. New cases of squint totalled 132 and of these 76 were boys and 56 were girls and 34 were found to have non-central fixation. The regime established for these children after refraction, fundus examination, and the prescription of glasses together with examination with the visuscope was inverse occlusion of the squinting eye for 6 to 8 weeks until the fixation showed an element of movement followed by orthodox occlusion of the fixing eye. Since this method has been adopted during the last two years 87 cases have been followed up serially and in only one case has central fixation not been achieved. This last was a boy who had a history of more than three years squinting before attending for treatment. It has been found in provisional analyses of the histories of children with squint that the longer they are left without treatment the greater the likelihood of eccentric fixation with consequent diminution of vision.

The inferences which have been drawn suggests that squinting in children should be ascertained and treated as soon as possible in order (1) to treat the children in the younger age groups, who show a greater likelihood of developing eccentric fixation, and (2) to curtail the interval of time between onset and treatment in order to diminish the likelihood of eccentric fixation developing in the untreated case. With these objects in view, the family doctor and the school medical staff of the local authorities have been circularised suggesting that cases of squint should be sent for treatment immediately they are discovered.

During the year 14 cases of infants with epiphora due to incomplete development of the lacrimal apparatus were supervised by repeated visits and the prescription of anti-biotic drops. In only one case was it necessary to probe the canaliculus and lacrimal sac under anaesthetic.

There have been the expected numbers of attendances for the treatment of conjunctivitis, corneal foreign bodies, and epilation of the eye lashes, but these have not been ennumerated being regarded as a normal percentage in an out-patient Ophthalmic Clinic.

SCHOOL DENTAL SERVICE

(W. C. PARR, L.D.S., *Principal School Dental Officer.)*

Towards the end of the year we were fortunate in obtaining the services of Miss Sharman, Dental Auxiliary. This is a new appointment in the Dental Service in Salford, made to replace the services of Miss Worsley, Oral Hygienist, whose position had been vacant for some 18 months. In addition, Miss Sharman is trained and authorised to carry out fillings under the supervision of a Dental Officer.

It is hoped that as in previous years, special attention can be given by Miss Sharman to pupils attending the open air school and the school for physically handicapped pupils,etc. The children's teeth are scaled and cleaned and individual instruction is given in the proper technique of oral hygiene. Children who are considered to need this service are re-invited at six-monthly intervals and, if necessary, further treatment or instruction is undertaken.

It has been the practice that the Hygienist should accompany the Dental Officers on routine inspections in order to interest the children in hygiene by means of talks, posters, pamphlets and models, etc. This service will be continued by Miss Sharman.

13,605 children were inspected at Routine Inspections in school during the year, i.e. Slightly more than half the school population.

All age groups are inspected and the schools are visited in turn. No effort is made to maintain a high frequency rate of examination of any age group or school at the expense of others, and on this basis the rate of inspection is approximately every 18 months, varying slightly with the area and clinics concerned.

Routine School Inspections are carried out simply to determine which children are in need of treatment and the type of treatment to be carried out, thereby facilitating their referral. No effort is made to make any assessment of relative dental fitness. All children found to be in need of treatment, with the exception of those who are obviously already having treatment privately, are offered treatment at the respective clinics.

A system of six-monthly referrals where it is considered advisable, is operated by each of the clinics.

The number of children inspected and treated as "specials" shows a slight reduction from previous years. These children, who are seen for any reason other than as a result of a school inspection, are mostly found to be

in need of urgent treatment. In consequence, the majority of these children are actually treated, a factor that should be borne in mind when assessing the number of children found to require treatment, offered treatment and actually treated, in Part IV of the statistical return. The continued heavy demand of these children for general anaesthetics has resulted in small waiting lists from time to time, particularly at holiday times, when circumstances necessitate a reduction in the number of anaesthetic sessions.

The number of fillings during the year is at the same level as previous years as is also the number of "other operations". The latter item consists largely of a variety of conservative procedures, mainly the application of silver nitrate to temporary teeth.

There has been an increase in the number of temporary teeth extracted during the year and a slight decrease in the number of permanent teeth. This reduction is in some measure explained by the reduced number of such extractions for orthodontic purposes. Approximately the same number of children received general anaesthetics. The practice of administering "fluothane" as an adjuvent to nitrous oxide and oxygen anaesthetics was continued for suitable cases.

79 pupils were provided with dentures but in only a few cases was this treatment carried out as a direct result of caries. Mostly it was the consequence of accidents in which the incisor teeth were broken, and where the treatment was not commenced sufficiently soon for the preservation of the pulp or where the fracture was of such a nature as to make crowning impracticable. In such cases dentures are fitted at the earliest possible moment after the extraction of the permanent tooth.

10 pupils were supplied with crowns of the acrylic jacket type, mostly to teeth fractured at an early age, and where it had been possible to retain a vital pulp for a considerable period prior to crowning.

The number of attendances for orthodontic treatment and the number of sessions devoted to this treatment during the year shows a considerable reduction on previous years. This was necessitated by the unfortunate loss of successive dental surgery assistants dealing with this branch of work. It was impossible to commence new treatments until a patient already under treatment ceased to need active regulation. This was most unfortunate in view of the large waiting list. However, at the end of the year it was possible to review this waiting list in order to establish some degree of priority. It is expected that the difficulties of the past year have now been overcome and the waiting list will once again reach reasonable proportions. This time lapse before the commencement of treatment is of no great consequence when irregularities have been detected at an early age and active treatment would in any case be deferred for some time, difficulties are, however, experienced when demands for orthodontic treatment are received at a late age, when active treatment has become urgent and further postponement would render the chances of a successful result very improbable. The aim that simple irregularities should be corrected at an early age, so reducing the period of clinical treatment, has been continued. Simple movable appliances are used wherever possible also appliances which need only be worn at night. Where possible overcrowding is corrected by means of extractions. Such cases are not listed as orthodontic treatments.

SCHOOL HEALTH VISITING

School health work is part of the combined health visiting and school nursing service operating in the city. The function of the health visitor in relation to the School Health Service was set out in detail in last year's report. Briefly the health visitor's duty includes assessment of health of the children, counselling, acting as liaison officer between school, home and health department; health education, investigation and follow-up of outbreaks of infectious disease, and special care of handicapped children, and of children needing health supervision.

Although responsible for all aspects of work the health visitor delegates school clinic work of all kinds to state registered nurses. Nursing auxiliaries also assists in clinics and in school by carrying out certain duties which need for their performance neither the skill of the health visitor nor the state registered nurse.

Health Surveys

All schools were visited and children examined by health visitors at least once during the year. Appropriate cases were referred to School Medical Officers, Dental Officers, Chiropodists and other agencies, and children considered to be in an unsatisfactory condition were re-examined and followed-up as necessary.

Vision Tests

Visual acuity was tested as children reached the ages of 6, 8, 10, 12, 14+ years, and those with defective vision were referred to the Ophthalmologist at the Central Eye Clinic. 837, i.e. 73.8% of all new cases, plus 1,176 old cases were referred to the Eye Clinic by health visitors during the year. The parents of children defaulting from this clinic were visited at home and advised.

Cleanliness and Verminous Infestation

Schools were visited and the hair of all children examined every term. The incidence of infestation fell slightly compared with last year – 6.18% (7.22% in 1962) and the number of children cleansed – 43 (against 48 last year). These figures are still unsatisfactory and could be improved, although it is difficult to attain and sustain a low incidence of infestation in certain areas, especially in those schools attended by the less well-cared-for child, who is a source of infestation to those who would otherwise never swell the numbers of individual children infested. One motherless family of eight children attends Murray Street Clinic each week, where an auxiliary supervises bathing and shampooing and combing of the hair of all the children.

School Journeys and Camp

All requests for the examination of children prior to making school journeys or going to camp were met as in previous years.

Clinics

The reduction in the number of children needing treatment for minor

ailments made it possible for clinic hours to be reduced, thus releasing a clinic nurse for other work during a given session. Alternatively, the practice started last year of arranging a medical examination session to run concurrently with the Minor Ailments Clinic, both clinics served by the one nurse, was continued, and in some cases extended.

Open-Air and Special Schools

The daily visit of a clinic nurse was continued in the Open-Air Schools and liaison maintained between these schools and health visitors responsible for visiting the homes of the pupils when necessary. The incidence of hair infestation in these and other special schools (usually higher than in other schools) was reduced compared with previous years. In one of the schools it was decided to send an auxiliary each week to supervise care of the hair of certain children, where it was known there was difficulty in getting this done at home. This helped considerably in reducing the risk of contact infestation among other children.

Educationally Sub-normal Children

Special attention to the home environment of children attending Broomedge and Parkfield Schools was continued. Some staffing difficulties were experienced, as in former years; enthusiasm for this type of work seems to wane after a fair trial period and it is not easy to replace those seeking a transfer from the area or resigning from the service altogether.

Health Education

Teaching individually and collectively, was undertaken as opportunities arose. The Duke of Edinburgh Award Scheme maintained its popularity and increased in some areas. The teaching of the subjects involved was classed in the main as an out-of-school activity but was undertaken by health visitors on school premises after normal school hours.

Examination results were good and thanks are due to the British Red Cross for conducting the examination and providing certificates to successful candidates.

Classes were held in secondary modern schools. Examination results are shown below:—

Junior First Aid

Part I	Entered 31	Passed 65 (Proficiency Standard 18) Failed 4
	Passed 29 (Proficiency Standard in 5 cases)	
Part II	Entered 38	
	Passed 36 (Proficiency Standard in 13 cases)	

Child Welfare

Entered 33	Passed 33 (Proficiency Standard 5) Failed Nil
Passed 33 (Proficiency Standard in 5 cases)	

Beauty Care

Entered 31
Passed 27
Failed 4

Two lectures were given by a hairdresser and two by a beautician. The health visitor was responsible for all lectures with a health bias—skin, teeth, hands, feet, etc.

In some schools, groups were formed taking the same subjects outside the Award Scheme, in others talks on hygiene and other subjects relating to personal and public health were given.

Our thanks are due to the Head Teachers and staff in all schools concerned for their interest, help and co-operation in this work.

SPEECH THERAPY

This year has seen the addition of three new Speech Therapists to the School Health Service, commencing with Miss Younghouse, who took up her duties at the beginning of July, and was followed by Miss Wilson at the start of the August term, and by Mrs. Marshall at the end of September. Thus we have two full-time and two part-time speech therapists and, of the latter, one has divided her treatment sessions equally between the School Health Service and two of the Mental Health Training Centres, which had not previously received the benefit of regular visits for treatment from a speech therapist.

The opening of Oaklands School, at the beginning of September, also marked the opening of a new speech therapy clinic there, in a room specially allotted for the purpose, and furnished with the necessary equipment. The clinic is solely for those children attending Oaklands School. Sessions are twice-weekly. In addition, there is now a new speech therapy clinic at the Kersal Centre one day a week. Children from nearby schools, in need of speech therapy, attend at this Centre: a considerable asset, since previously it had meant their travelling some distance to reach the nearest speech clinic.

Besides the present team of four Speech Therapists, four of Salford's special schools have had the services of Mrs. Clough, a teacher of speech and drama, with considerable experience in the handling of difficult and backward children, who, since her appointment at the beginning of April, has been visiting each one, to give sessional speech treatment there.

Since the commencement of the year, two students from the Manchester School of Speech Therapy have, in turn, been attending for one or more sessions per week at the Ordsall and Broughton Centres, and, latterly, two more students have attended together for several afternoon sessions at the Clarendon Centre; for the purpose of either observing or assisting at the speech clinics. This forms a necessary part of their training.

At the end of February a talk on speech therapy was given to a group of 17 student Nursery Teachers, at the Chaseley Field Training School, and methods of speech correction were demonstrated.

PHYSIOTHERAPY

The work in the physiotherapy department has proved very interesting during the year as the long awaited school for physically handicapped children opened in September, 1963.

The physiotherapy room is a delight in which to work, airy and spacious, and the staff are looking forward to the summer when the large windows can be opened, and we hope there will be sunshine to flood the room.

There have been teething troubles connected with the hydrotherapy pool, which was only to be expected, as it was a new venture. The School Health Service was fortunate to acquire, in September, a physiotherapist with an additional hydrotherapy qualification which is invaluable for treating the children in the pool. Unfortunately, so far it has been impossible to make full use of the pool because of the lack of auxiliary help in dressing and towelling dry the more severely handicapped children.

A number of children attend Oaklands School who live in the county areas, and this widening of the field of treatment is very interesting from the physiotherapy point of view, and widens the field of knowledge of the disabilities and adjustments required of the severely handicapped child.

During visits to other schools for physically handicapped children, prior to the opening of Oaklands, there was sometimes an awareness of the conflicting aims of teaching and treatment, but at Oaklands, where neither the teaching nor the physiotherapy staff were used to working together, there has been singularly little disharmony during the first few months of adjustment. This should be a good sign for the future, because only by working together as a team can the greatest help be given to the handicapped child, which is undoubtedly the aim of everybody connected with Oaklands School.

The moving of the physically handicapped children from Claremont to Oaklands has been a great help in improving the quality of physiotherapy treatment given to the children with chest complaints, now remaining at Claremont. Before September, there were so many different types of handicaps amongst children attending Claremont that treatment had to be given in a perpetual rush in order to do as much as possible before dinner or home time, with the result that no one was adequately treated and everybody was tired. Now, longer time can be given to chest drainage and helping the asthmatic children by teaching them the value of relaxation when an asthmatic attack is threatened. Though much of the treatment is still given as class-work, there is now time to make personal contact with the individual child and find out how he feels and what are his special difficulties, so that the most helpful programme of treatment can be arranged to help a child's personal needs.

At Parkfield School much of the work is still of a pioneering nature. It is so difficult to make contact with some of the very withdrawn children, and often just when some human contact seems to have been made, school holidays arrive and ground is lost. Fortunately, exercises seem to be enjoyed by most of the children, and the child who is antagonistic is better left without physiotherapy until he co-operates of his own free will. I feel that the physical contact of physiotherapy does help these unhappy children

because when the physiotherapist enters the room a child will go to her willingly though his co-operation in treatment may remain merely a passive role.

The breathing exercises at Broomedge have been continued, but only once weekly, unfortunately, due to the chronic shortage of physiotherapists and so far it has proved impossible to undertake individual treatments, but if ever more staff is available, the service will be extended.

Children from Fernhill School attend Cleveland Clinic. This is not very satisfactory, because it means that all the children, whatever form of treatment they require, must be brought by the nursery warden from the school in a party. This tends to overload the school clinic at one particular time, and means that the school party must all wait whilst individual treatments are given, before being collected and escorted back to school by the nursery warden.

The school clinics have all continued to give sunlight and other forms of physiotherapy. Probably there will be a changing pattern in the work of the school physiotherapy service, and there may be a smaller number of school children attending the clinics with minor defects and more of our work will be concentrated in special schools amongst handicapped children. However, so far, we have long waiting lists for treatments at the clinics but have been unable to give all the treatments required due to lack of physiotherapists. The biggest problem is deploying the limited staff where the need is greatest, and often the difficulty lies in deciding amongst so many conflicting claims where the greatest need lies.

CHIROPODY

The incidence of verrucae and athletes foot continues to increase and the importance of regular scrutiny of children's feet cannot be too strongly emphasised. Verrucae are often mistaken on superficial examination for corns or small callosities as, on the plantar area of the foot, the neoplasm generally produces no cauliflower appearance but because of its weight-bearing location the whole of the growth is often embedded in the foot and covered by a smooth callosity. This being the case, the excrescence is often ignored until it has become large and painful, often with secondary growths surrounding it, thus requiring more prolonged treatment than if the lesion had been recognised earlier. Being inoculable, delay in treatment often means that the verrucae will disseminate to other areas of the foot and also be transferred to the other foot when, if ignored, both feet would become literally covered with them.

It would appear that as verrucae are becoming more widespread throughout the school population, it is well worth while to refer all young patients who exhibit a plantar callosity to the chiropody clinic for further examination.

It has been suggested that in addition to the virus theory as a causative factor of verrucae pedis, persistent minor trauma or the implantation of foreign bodies in the skin may determine the site of a verruca.

We propose, in future, to keep careful records of the habits of new patients who are found to be suffering from verrucae pedis so that perhaps

some conclusions can be drawn as to the value of wearing plimsolls during physical training sessions in school. The benefit to the feet derived from barefoot exercises in school must be negligible, indeed during physical training, the foot is subjected to stresses and strains far in excess of those normally experienced, and for this reason alone one would assume that the feet should have the protection which a pair of plimsolls would afford.

Ringworm infection of the feet (athletes foot) seems rather more common in school children than one would imagine and there is little doubt that a major factor in the spread of this (generally epidermo-phyton inguinale) is the use of bath mats and in the gymnasium.

This complaint frequently starts in the moist cleft between the 4th and 5th toes and rapidly spreads to other toes and in the later stages may cover large areas of the feet with scaly dermatitis and much pruritis. Here again regular scrutiny of childrens feet is important in preventing this distressing condition from spreading through a school.

Another disturbing factor which shows no signs of abatement is the slavery to fashion of even the youngest school children. Generally speaking, the vast majority of children start their school-life with normal feet but by the time they are due to leave school many have developed well marked foot disorders.

Previously it was only the girls who bought pointed shoes but recently this type of footwear has become fashionable with boys too. Many young people who feel uncomfortable in pointed shoes are forced to conform to this silly fashion for fear of being branded as "not with it" by their friends.

If the foot is held back in the shoe by a transverse strap or laces, the foot is not as much inclined to slide forward and not as much damage is done but in many cases, the girls wear an excessively pointed casual, slip-on shoe in which the feet have to be pushed well forward into the toe to keep the shoe on, resulting in excessive cramping of the toes which must eventually lead to a variety of abnormal conditions.

Ideally speaking, a young person should leave school with feet free from weakness, defects or excrescences, and if children and young teenagers could be persuaded to insist on shoes of sensible design, a great deal of painful disablement in later life could be avoided.

It would be a good idea for health educationalists and others who come into contact, especially with older schoolgirls about to leave school, to impress upon them the dangers of going straight into cheap fashion shoes sold in "serve yourself shoe bars" which seem to be springing up in many areas.

Matters which should be more extensively explained to school children are the importance of good feet for the enjoyment of life, how to look after their feet, and how to choose shoes so that they may feel that they look smart without having to walk in pain.

To this end the following points could be explained to the children:—

(a) The higher the heel, the more likelihood there is of the foot slipping

forward into the toe of the shoe with resultant cramping of the toes, therefore, a shoe should be bought with as horizontal a heel platform as the height of the heel will allow.

(b) Court shoes can only be held in place by the accurate fitting of the rim of the upper. This type of shoe requires the most careful fitting of all and the low cut court shoe is to be avoided whenever possible.

(c) The shank of the shoe should be rigid so that the shoe will only flex along the line of the toe joints.

(d) The sole of the shoe should be flat from side to side and should remain flat in wear.

(e) The uppers should sit snugly around the heel and instep but leave room for a reasonable amount of toe movement.

(f) If the shoe has to have a pointed toe-cap, then this point must be beyond the end of the toes.

To deviate from these rules will inevitably lead to disorders of the feet.

Many young girls in the 10 to 14 years age group are seen wearing higher heeled shoes than are desirable at this age. The habitual wearing of these shoes may lead to a short or tight tendo-achilles with a consequent reduction in the ability to dorsiflex the foot. The result of this malfunction is often retraction of the toes and generally the bad positioning of the feet leading,in later years, to such distressingly painful conditions as subluxation of the metatarso-phalangeal joints with arthritic deformity and metatarsalgia.

Most cases of postural flat foot in young people are referred to the chiropody clinic with the expectation that the chiropodist will re-align the tilting heel with medial wedging in the shoe, but very often the shoe is of a very poor construction and badly fitting so that even with a wedge fitted, there is not sufficient stiffness and not sufficient snugness of fit to hold the heel in correct alignment with the rest of the foot. It is very difficult to screw-up an "unscrewed" foot unless the shoe has been specially strengthened for this purpose. Certain manufacturers do produce an excellent shoe for this purpose but it is highly priced and beyond the reach of many families.

Other cases of mild pes-planus referred to the chiropodist are really normal feet in which the valgus posture is only due to a physiological low arch, and although the correct type of remedial exercises may be of some benefit in these cases what is more important than occasional exercise is the re-education of the patient's attitude in walking; that is, with the feet pointing straight forwards with any tendency to out-toeing resisted.

Constant voluntary effort in this direction will in time become a permanent habit.

However, the major proportion of the chiropodist's work is taken up with routine treatments of verrucae pedis and if some of the doors could be closed to inhibit the spread of this complaint, besides the reduction in

suffering and time off school for the children, the chiropodists would have more time to devote to the correction of minor foot defects of both congenital and acquired origin which, while the patient is still young, may be a relatively easy matter, but which, if neglected, may in later years need surgical correction or if this is not possible mean that the patient will be a foot sufferer throughout his or her life. The end result of neglected foot defects in childhood can often be seen only too clearly, in the old people's chiropody clinics.

At the present time there are children's chiropody clinics at Regent Road (two sessions per week) Langworthy Centre (two sessions per week), Murray Street (two sessions per week), and Kersal Centre (one session per week), whilst there is a constant effort to survey children's feet in the schools in order to keep abreast with the general pattern of foot trouble. The names of any children found to be suffering from verrucae pedis or other contagious skin conditions are notified to the heads of the schools concerned so that the young patients may be kept out of the swimming baths and any other places where the infection can be spread.

These figures given in the table indicate the high number of children needing treatment at the chiropody clinics. The number of children who did not attend may appear rather high, but this was mainly due to illness, holidays, school examinations etc., and the majority of these children did attend subsequently.

	Invited	New Cases	Old Cases	D.N.A.
Regent Road	2,246	540	1,090	616
Langworthy Road	1,926	352	1,195	379
Murray Street	1,609	235	820	554
Kersal	763	132	448	183
	6,544	1,259	3,553	1,732

AUDIOMETRY

Our service to children with a hearing loss was rather untidy and wasteful. We are now entering 1964 without the use of a sound-proofed room. This is a most unfortunate situation when we undertake hearing tests with 60 db. of ambient noise present. Independent surveys by A.I. Goodman and Dr. Kerridge show that ninety-two per cent of deafness starts before the age of eight years. With this in mind, children in Salford have a sweep test of hearing in school at the ages of five, six and seven years. This procedure lessens the possibilities of a child going undetected, and we are given the opportunity of treating the condition medically and educationally..Six thousand five hundred and fifteen children undertook a sweep test of hearing. Of these, seven hundred and fourteen failed to satisfy the test. A break-down of these failures show that children aged 6 years are the most vulnerable group, and the figures are :–

1956 – 189
1957 – 298
1958 – 227

The children who failed the sweep test are invited to have an individual audiometric test at the clinic.

Sweep hearing tests in schools 6,515.

2,082 hearing tests were undertaken at the clinic.

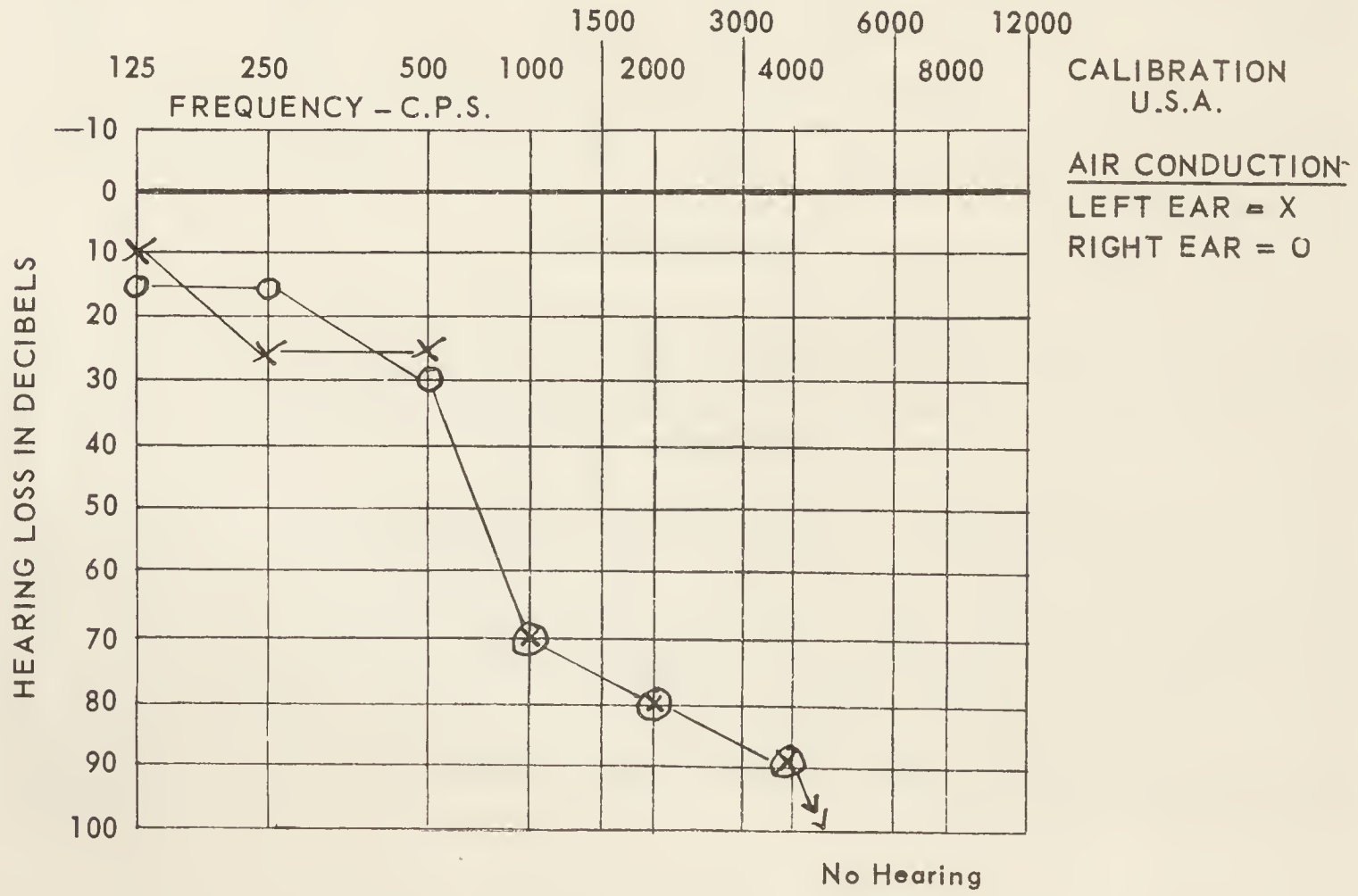
The surveys of Goodman and Kerridge provide evidence that sixty-four per cent of deafness starts before the age of two years. In the near future, we should consider paying more attention to this age group. The sooner we find deafness, the easier and cheaper it is to educate the child, and to help his adjustment to his natural environment.

To test the "risk group", is not enough. For every child in the "risk group", there is a child not in this group who also has deafness.

To diagnose deafness without an audiometer is extremely difficult and the Watch and Whisper Tests are little better than useless, and tend to give misleading evidence. (Voice stimuli in screening infants should not be confused with Whisper Tests of older children. The Voice with other apparatus, has shown to be very successful in the field of infant testing.)

Below is an audiogram of a twelve year old boy whose school work was very poor. Neither the parents, who were very intelligent, nor his teacher suspected deafness. The boy was considered to be a dull child of a bright family, in fact, the boy had an I.Q. equal to the rest of the family.

AUDIOGRAM



Greater use of a hand audiometer in the clinic by the examining physician may be the answer to the situation. The use of the instrument would reduce

the number of children referred for a hearing test who are found to have no real hearing loss.

CONVALESCENCE

Number of children away	2 weeks	4
	3 weeks	3
	4 weeks	22
	5 weeks	2
	6 weeks	3
	7 weeks	–
	8 weeks	1
	9 weeks	1
		36

1 child was removed by mother after 3 days.

Referred by School Medical Officer	28
Referred by General Practitioner	15
Referred by Hospital	4
Referred by Child Guidance Clinic	2
	49

Refused Covalescence 7 girls 4 boys

1 boy admitted but withdrawn same day by mother.

CHILD GUIDANCE CLINIC

Among the obvious problems arising in school children are those of scholastic difficulties and anti-social behaviour. Less obvious are the anxiety disturbances and psychosomatic disorders such as shyness and bed-wetting. Not all problems can be classified under these headings, but where they are shown as the presenting problems, further investigation often reveals

the existence of additional difficulities. The psychologist who is less involved than the teacher and can give more time to the assessment of a child's potential abilities and actual attainments, administers individual psychological and educational tests. With this objective information and with knowledge of the environmental influences operating both at home and at school, it is possible to build up a picture of the positive and negative elements of the child's personality and so make a contribution to the diagnosis of his problems made by the psychiatrist.

The need for early ascertainment is essential so that the reasons for developmental failure can be found and appropriate recommendations such as psychiatric treatment, remedial teaching or special educational provision can be made. It is readily appreciated that when a problem is of recent origin, the chances of being able to find a remedy are enhanced. A minor degree of emotional upset shown in disturbed behaviour at an early age may result in a complex problem if allowed to become long-standing and may colour the individual's whole personality.

Teachers are aware that there are certain crisis points which are unavoidable during a child's school career, e.g. starting school, transition from one class, department or school to another and the prospect of leaving, where the additional stresses may precipitate trouble in the child. Not so easy to assess are the stresses in children's lives arising from situations and relationships in the home or internal conflicts within the child, but wherever signs of disturbances appear, steps towards further investigation should be taken as soon as possible.

Diagnostic Interviews

I.Q.	No. seen
130+	3
120–130	7
110–120	6
100–110	11
90–100	7
80–90	7
70–80	3
Not tested	3
Age	
3 years	1
4 years	1
5 years	3
6 years	–
7 years	3
8 years	5
9 years	2
10 years	8
11 years	6
12 years	8
13 years	2
14 years	6
15 years	–
16 years	2

No. seen diagnostically	47
No. referred	80
Total No. of children seen	114

Age Distribution of all Children seen

3 years	1
4 years	2
5 years	3
6 years	—
7 years	6
8 years	6
9 years	8
10 years	18
11 years	17
12 years	16
13 years	12
14 years	16
15 years	2
16+ years	7

CLAREMONT OPEN AIR SCHOOL

The year opened in January 1963 with severely cold weather and conditions in the school and the canteen were very harsh indeed. Because of the severe cold intensive physiotherapy was given, and children with bronchiectasis were drained twice daily. At the end of the cold spell it was found that the general health of all children had suffered very little and attendances had kept up surprisingly well.

Several outings and holidays were held during the year, including a day in Bolton Abbey, a weekend in Borrowdale, a weekend in Dovedale, and ten days in the Isle of Wight. The trip to Borrowdale was the last held exclusively for physically handicapped pupils. Two parents accompanied the party to help.

Classes have continued to visit the swimming baths – physically handicapped children to Blackfriars Road Baths, and other children to Seedley Baths. Over thirty swimming certificates were gained, twelve by severely handicapped children. Some of the latter were the special Endeavour Badges, and some were the regular certificates of the Salford Education Authority. All the children appear to have made good physical and psychological progress.

The opening of Oaklands School in September, and the closing of Barr Hill Open Air School made a considerable difference to Claremont. All the physically handicapped children were transferred to Oaklands, and all delicate children from Barr Hill still requiring special educational treatment were transferred to Claremont. The whole school therefore required a good deal of re-organisation.

There is little change in the type of illness catered for in the school – the range of disability is very wide, but the main group are children suffering from some type of respiratory ailment. There are slightly fewer cases of bronchiectasis and slightly more cases of asthma. More children from deprived

backgrounds, and more children with behaviour problems are admitted.

All school leavers during the year have found employment with the exception of one severely handicapped boy. This boy has attended evening school during the year, with good results, and has the promise of a job as soon as he is provided with transport.

Physiotherapy has continued in spite of staffing difficulties. Children suffering from asthma are now required, in many cases, to make fewer attendances for treatment, and none appear to be any worse for this. Speech therapy and speech correction still take place, the speech therapist visiting for one session, and a teacher of speech and drama for two sessions weekly.

The year closed with the school party and a visit to Belle Vue Circus, but this year the infants were not taken, and only those senior children went who expressed a wish to do so.

BARR HILL OPEN AIR SCHOOL

Owing to the imminent closure of Barr Hill Open Air School no children were admitted in January 1963 to replace the children who had been discharged as medically fit in December 1962. The Easter leavers were again not replaced and the school was reduced to 40 children. At the end of the summer term, when the school closed, 15 of these children were transferred to Claremont Open Air School and the rest returned to ordinary school.

HOPE HOSPITAL SPECIAL SCHOOL

The majority of the children are of primary school age. More medical than surgical cases were admitted in the under-fives range. In the primary and secondary school age groups, surgical cases outnumbered medical.

In June, a long-stay boy passed the General Certificate of Education 'O' level in five subjects.

Cleveland House closed in July and six of the children were transferred, with some of the staff, to Oaklands, the new school for Physically Handicapped children.

In support of National Education Week in November, an exhibition of Art, Craft and Needlework, done by all age groups in the school, was held at Hope Hospital, and received full support from the hospital staff.

It is noticeable how the familiar figure of the school teacher and occupation with school work at their individual levels, help children to settle down in the new environment of a hospital ward, and minimum preoccupation with their physical condition. In the case of long-stay children, a valuable service is provided in that they are not at a great educational disadvantage on return to normal schooling.

HOME TEACHING

During the year there have been more changes than usual in the Home Teaching Service

In January 1963 one of the Home Teachers went to teach in one of the Secondary Schools in Salford. Since then there has only been one teacher, but it has been possible to give all the children teaching at the time when it was needed.

During the year twelve children have received Home Teaching and most of them have made very satisfactory progress. In July three of the pupils finished their tuition as they had reached the maximum age for Home Teaching. They all three had developed interests which should be furthered through their own effort in the next few years. It was very good to hear that D. passed his driving test and is now able to get around in his own, specially adapted, car.

In September when Oaklands School was opened, one of the children was admitted and is attending daily. He is making good progress. A former pupil died in July. Two of the pupils at present receiving Home Teaching are accident cases. It is gratifying to feel that they are not completely cut off from their lessons. They are both making good progress.

This has been a very busy year and a very rewarding one in many respects.

OAKLANDS SCHOOL FOR PHYSICALLY HANDICAPPED CHILDREN

On 2nd September 1963 this newly-built special school opened. 37 children were admitted, transport being provided by private 'bus, taxi and ambulance. Of this number 5 were from the county area. During the autumn term 17 further children were admitted, of whom 6 were 'county' children. One child was withdrawn leaving a total of 53 children.

Handicaps

Hydrocephalus and Spina Bifida	10
Heart	7
Muscular Dystrophy	3
Spastic	17
Other Handicaps	16

It became possible during the term to commence Domestic Science with both boys and girls, and woodwork with the boys, so making full use of the excellent facilities available for these subjects. Lunch time clubs have been instituted for the senior children.

At Christmas parents were invited to a performance by the children of plays and carols, and then to view the attractive layout and amenities of the school. The children enjoyed a very successful Christmas Party, and a group of children were escorted to the Circus at Belle Vue.

PARTIALLY HEARING CLASS

CLARENDON SECONDARY MODERN BOYS' SCHOOL

The Partially Hearing Class for pupils of senior age at the Clarendon Secondary Modern Boys' School was reopened in September, 1963, after closure for some time because of staffing difficulties. Two months later the

junior age pupils in the Partially Hearing Class at the Seedley Primary School were absorbed into the class at the Clarendon School.

During the earlier weeks following the opening of this class the teacher tested several girls suspected of being deaf and as a result three were recommended for full integration in hearing classes, four were issued with hearing aids and for a transition period before integration in hearing classes they were given part-time instruction in lip-reading, the use of the Westrex group hearing aid, and coaching in English and Mathematics. For a short time an older girl with a more severe hearing loss was partially integrated into the Girls' School for Needlework and Cookery. Similarly, a boy (G.C., aged 14) was partially integrated in his own form for History and Woodwork and subsequently transferred almost full-time to the Hearing Class, attending daily however at the Partially Hearing Class for Mathematics, in which subject he is rather retarded. With the exception of one girl who needs speech lessons, the language and speech of the senior pupils is natural, spontaneous and lively.

Of the junior pupils the youngest, whilst having normal hearing, was unable to talk and was found to be in need of medical attention. In consequence, arrangements were made for his transfer to Claremont Open Air School. The other two pupils transferred from the Seedley Primary School, together with a more recent arrival in February, 1964, have normal speech and are making satisfactory progress academically.

The inclusion of junior pupils in a Secondary Modern School does, of course, present difficulties, both educationally and socially.

In conclusion, all children in the class, except the youngest child, have Medresco hearing aids.

BROOMEDGE SCHOOL

The average number of children for the year was 46. In January, the figure stood at 44 but by July it had reached 57, only 3 short of capacity. There were 23 leavers and 4 new admissions, which reduced the September figure to 38, but only temporarily. By the end of the year it was 43 and shortly afterwards it had risen to 55.

Of the 23 leavers, 8 were transferred to Fernhill, 11 to the lower streams of appropriate Secondary Modern Schools. The remaining 4 whose reading ages were 9.4, 9.6, 10.2 and 10.5 respectively, were recommended to the Principal School Medical Officer as fit for normal education.

The following table shows the structure of the school in September 1963:–

I.Q.	7+	8+	9+	10+	11+	Totals
50 – 54	1	1	–	–	–	2
55 – 59	–	1	1	–	1	3
65 – 69	–	2	3	3	1	9
70 – 74	1	1	3	3	1	9
75 – 79	–	2	1	7	1	11
80 – 84	–	–	2	4	1	7
85 – 89	–	–	1	–	1	2
Totals	2	7	11	17	6	43

The mean age has remained constant at 9.4. The mean I.Q. has fallen another point to 72.6, and this is due to a substantial decrease in the number of children in the 75 to 85 range.

Welfare

The year's average attendance was 86.5 and represents a drop of 3% on the previous year. The highest figure was 91.3 for June and the lowest 79.2 for January.

The special scheme which was started early last year, whereby a health visitor goes to the homes of disturbed children, proved to be extremely beneficial, both to the school and to the parents concerned.

Physical Health

The annual routine medical inspection was carried out in November, children being seen on other occasions as the need arose. Audiometer tests were administered to all the children. Varying degrees of impairment were found, but none so serious as to warrant a hearing-aid. Throughout the year 12 children attended weekly therapy in nasal drill. The school clinic for speech therapy was re-opened and 13 children attended.

Out-of-School Activities

In May, Class III visited Buile Hill Park. In June, a school journey was made to Colwyn Bay. In July, the first school camp was held. A party of 4 boys was taken to Gronant, North Wales, for the weekend. Also in July, school leavers were taken to visit their new schools. In October, the school choir took harvest gifts to Vendale. In December, the whole school attended a carol service at Broughton High School; the choir sang Christmas carols at Vendale; a party of 12 children was taken to the University Union's children's party; and the whole school went to Belle Vue Circus.

Swimming

During the summer season, a party of 14 children attended Blackfriars Baths each week. Two girls and one boy gained 3rd class certificates at the end of the year.

The last event of the year was the Christmas party. A group of students from the Drama Section of the Northern School of Music presented an extremely suitable puppet show.

FERNHILL SCHOOL

The school continues to work at its maximum capacity of 160 children. The "After-Care" Club for school leavers meets monthly and contact has been regularly maintained by 15 of the 17 recent school leavers.

One of the most important features of this year has been the formation of a Special Schools' Sports Association. This has enabled the school to take part in football and netball matches with other special schools at Bolton, Chadderton, Eccles, Middleton and Rochdale. Apart from the enjoyment

of the games the outings have been of tremendous social value to the children. In September a party of 10 children and 4 teachers spent a weekend at some cottages in the Trough of Bowland.

Children with speech defects are now receiving help in the school from a speech and drama teacher. This is important work as there are many children in the school with speech defects which can be corrected.

The following table shows the distribution of children through I.Q. and age range at the end of the year.

I.Q.	7	8	9	10	11	12	13	14	15	Totals
30 – 39	–	–	–	–	–	1	–	–	–	1
40 – 49	–	–	2	–	–	2	–	1	1	6
50 – 59	3	4	1	4	3	3	2	1	2	23
60 – 69	4	2	6	4	10	4	9	8	1	48
70 – 79	2	6	9	4	11	8	11	8	6	65
80 – 89	–	1	1	5	6	2	–	1	1	17
Totals	9	13	19	17	30	20	22	19	11	160

Once again there has been a decrease in the number of children with I.Q's over 80 and the school has now nearly settled to the more usual pattern of the E.S.N. school.

The school was designed to accommodate 80 juniors and 80 seniors. Practically ever since opening it has been running with 60 juniors and 100 seniors. The problem of places for senior children is still acute and it is difficult to see without the provision of more senior places in the city how the position is going to be altered.

PARKFIELD DIAGNOSTIC UNIT

The unit continues to be fully occupied and provides accommodation for twenty infants from five to seven years of age who benefit from this special attention and smaller grouping. The children are recommended for entry by head teachers in the city, or by the medical officers.

In January 1963 a full inspection of the unit was carried out by one of H.M. Inspectors.

The school is visited weekly by a physiotherapist and a speech therapist.

A Health Visitor is responsible for the physical care of the children and she forms an excellent liaison between parent and school.

An assistant school medical officer visits the school regularly for medical inspection of the children.

During the autumn term one of the upstairs rooms was equipped for physical training and this has proved most beneficial to all the children, giving them confidence as well as much enjoyment.

SCHOOL MEALS SERVICE

The year under review was eventful and will be remembered if only for the effects of the severe winter conditions. The Meals Centres suffered interruption to gas, electricity and water supplies. Heavier than usual demands on transport became necessary to move crockery etc. for washing up at centres where services were available. Indeed it was at times necessary to carry water supplies for essential cooking purposes. Heavier than usual absence of children was followed by absence of School Meals Service staff. Despite these difficulties no centre failed to serve a school dinner on any day and the Education Committee expressed their appreciation of the excellent manner in which all members of staff carried out their duties during the severe weather conditions.

The number of children having school dinners at the commencement of the year was some 11,185 and this number rose during the year to 12,085, about 52.5% of the children in attendance at school.

The income scale for determining the granting of meals without payment, or on part-payment, was revised to take into reckoning the increased rates of National Insurance Benefit, etc.

It was unfortunate that acute staffing difficulties in the Buildings Section of the Education Department prevented the full implementation of the programme of works of improvement.

Eleven Meals Centres were forcibly entered and there was resulting damage to the buildings and to goods.

During the schools' February mid-term holiday a refresher course for School Meals staff was successfully organised. It extended over two days and visiting lecturers/demonstrators included the School Meals Organiser, Oldham, representatives of the Potato Marketing Board and the Contractor for maintenance of preparation machines, the Supervisor of a Lancashire Education Committee School Meals Training Centre and the Chief Inspector of Weights and Measures, Salford. Lectures and demonstrations included cooking methods with emphasis on garnishing and finish, preparation of the dining room and serving of the school meal, care and maintenance of machines, scales and weights and checking of goods, communications and relationships.

The statistics relating to the financial year ending 31st March, 1962 and 1963 follow below:—

Year	Total No. of Dinners served in Maintained Schools	No. of Serving Days Excluding Holidays	No. of Dinners served in Holidays (Inc. in Col. 2)	No. of Dinners served to other persons e.g. Health Cttee Occ. Centres, Indp. Schools etc.	Grand Total of Dinners for year
1962/63	2,349,701	194	25,747	55,029	2,404,730
1961/62	2,281,978	195	31,094	50,928	2,332,906

SCHOOL WELFARE

Residential Schools

Type of School	Children placed during 1963	Total No. in residential school
Blind or partially sighted	1	6
Physically handicapped	2	7
Educationally sub-normal	1	17
Maladjusted	4	8
Delicate	7	12
Deaf	1	19
Total	16	69

Children and Young Persons Act, 1933-38, Section 18

Employment of Children, Bye-Laws

During 1963 there were 406 licences issued to school children over the age of 13 years, to enable them to undertake part-time employment. Licences were issued for the following employments :—

Delivery of newspapers	390
Delivery of milk	2
Delivery of meat	3
Delivery of grocery	11
Total	406

All children are medically examined by a school medical officer before a licence is issued, and then at six monthly intervals. During the year 660 children were referred to the Principal School Medical Officer for this half-yearly examination.

PHYSICAL EDUCATION

To make real progress in Physical Education in Salford Schools still remains a very big challenge. This is due to constant changes of staff and the shortage of qualified teachers.

Twenty of the Primary Schools are still without halls and it is only possible to do work in the playground in these schools. In many of the remaining Primary Schools, the hall space is too limited to allow the full development of the wide range of activities which characterise modern work. The last phase of the Secondary development is now nearing completion. Excellent facilities are provided in these schools but constant staff changes are still a problem and many Secondary Schools are without staff who have specialist training.

Organised Games

Great use is made of the Education Committee and Parks Committee land for organised games by all schools. Additional facilities are provided by the

renting of the Duncan Mathieson fields. It will be of great assistance in the organising of games when the development of that part of the Duncan Mathieson grounds acquired by the Education Committee is completed.

Swimming

Full time-tables are made for the Winter and Summer seasons. 258 classes have been scheduled for the Summer and 169 for the Winter. In addition, one class for physically handicapped children is also time-tabled.

Difficulties are being experienced in the North Salford area where a great deal of use has previously been made of the Harpurhey and Cheetham Baths. In December, owing to the lack of air heating and the general conditions prevailing at the Pendleton Bath, on the advice of the School Medical Officer all swimming classes were cancelled at that Bath. Information has since been received that this Bath is now unlikely to be opened for the Winter months.

The Light Oaks School Pool, too, has been out of action since August, apparently owing to faults in construction which are now being remedied.

Despite these difficulties, the following results are reported for the Examination Certificates issued by the Education Committee.

Advanced	1st Class	2nd Class	3rd Class
192	365	811	1,625

The Baths Committee have generously issued 1,625 free season tickets to children gaining a certificate for the first time.

Children were entered for the Royal Life Saving Society's examinations with the following results :—

Elementary	169
Intermediate	126
Bronze	66
Bar to Bronze	23
Bronze Cross	2
Scholar Instructor	8
Unigrip	29

Children were also entered for the recently instituted Survival Awards issued by the Amateur Swimming Association and gained the following awards :—

Bronze	Silver	Gold
49	25	33

12 medals were issued by the Humane Society for the Hundred of Salford. 7 being offered for boys and 5 for girls, and these were successfully gained by the children in the City. In addition, the fastest girl was also awarded the special medal for the fastest time returned for all examinations in the area.

For the first time the Education Committee financed and authorised that Physically Handicapped children could be entered for the Endurance Award of the Swimming Teachers' Association – a nationally known body. This award covers many categories from the swimmer to the physically handicapped, and is awarded for an achievement which has been reached as a direct result of constant practice, combined with tenacity of purpose. Six severely physically handicapped children gained the award. This was very rewarding work, not only from the physical effects on the children, but also the sense of achievement gained by the children.

Out-of-School Activities

Courses have been organised for teachers in Physical Education as well as a series of demonstrations of children's work in Infant, Junior and Secondary Schools. The men teachers' Physical Education Association is continuing its wide range of activities covering canoeing, rock-climbing, swimming, archery, cricket, tennis, basket-ball, and Rugby and Association football.

The Salford Schools' Sports Federation continues to cover its wide range of activities including swimming, Rugby and Association football, athletics, cricket, boxing, basketball, netball and rounders.

The Duke of Edinburgh Award Scheme is now being widely used in the Secondary Schools.

Activity in the Youth Service

The usual activities are being organised within the Youth Service. Progress has been made with the opening of the West Salford Youth Centre with the excellent facilities for physical education and these should stimulate and encourage the youth in that area.

SCHOOL CLINICS

Location of School Clinics	*Treatment carried out.*
Regent Road	Dental (including Oral Hygiene). Physiotherapy, Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Paediatric, Orthopaedic.
Police Street	Dental, Physiotherapy, Minor Ailments.
Murray Street	Dental, Physiotherapy, Chiropody, Audiometry, Minor Ailments.
Langworthy Centre	Physiotherapy, Chiropody, Audiometry, Minor Ailments.
Kersal Centre	Dental, Physiotherapy, Chiropody, Audiometry.
Encombe Place	Dental (including Orthodontics & Oral Hygiene)
Landseer Street	Physiotherapy
Summerville Clinic	Physiotherapy.
Cleveland House	Physiotherapy, Speech Therapy.
Ordsall Junior Mixed School	Speech Therapy.
Broughton Secondary Modern School	Speech Therapy.
Clarendon Secondary Modern School	Speech Therapy.
Claremont Open-Air School	Physiotherapy, Speech Therapy, Minor Ailments.
Parkfield	Physiotherapy.
Education Office	Opthalmic.

STATISTICAL TABLES

PART I

Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

TABLE A – PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1959 and later	117	116	99.15	1	.85
1958	1,511	1,488	98.48	23	1.52
1957	470	455	96.8	15	3.2
1956	–	–	–	–	–
1955	–	–	–	–	–
1954	–	–	–	–	–
1953	–	–	–	–	–
1952	–	–	–	–	–
1951	–	–	–	–	–
1950	–	–	–	–	–
1949	–	–	–	–	–
1948 and earlier	–	–	–	–	–
TOTAL	2,098	2,059	98.14%	39	1.85%

TABLE B – PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(Excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by year of birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1959 and later	–	22	22
1958	12	253	258
1957	6	83	88
1956	–	–	–
1955	–	–	–
1954	–	–	–
1953	–	–	–
1952	–	–	–
1951	–	–	–
1950	–	–	–
1949	–	–	–
1948 and earlier	–	–	–
TOTAL	18	358	368

TABLE C – OTHER INSPECTIONS

Number of special inspections	6,331
Number of re-inspections	3,745
TOTAL	10,076

TABLE D – INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,930
(b) Total number of individual pupils found to be infested	1,666

PART II

TABLE A – RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1963

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4.	Skin	23	43	–	–	10	11	33	54
5.	Eyes –								
	(a) Vision	9	16	–	–	4	7	13	23
	(b) Squint	40	29	–	–	10	7	50	36
	(c) Other	9	11	–	–	2	7	11	18
6.	Ears –								
	(a) Hearing	6	158	–	–	4	19	10	177
	(b) Otitis Media	25	207	–	–	4	30	29	237
	(c) Other	22	23	–	–	9	13	31	36
7.	Nose and Throat	78	374	–	–	18	102	96	476
8.	Speech	13	45	–	–	4	10	17	55
9.	Lymphatic Glands	2	182	–	–	–	42	2	224
10.	Heart	6	35	–	–	–	14	6	49
11.	Lungs	14	79	–	–	2	17	16	96
12.	Developmental –								
	(a) Hernia	1	5	–	–	1	2	2	7
	(b) Other	4	77	–	–	–	21	4	98
13.	Orthopaedic –								
	(a) Posture	10	14	–	–	1	2	11	16
	(b) Feet	39	48	–	–	12	17	51	65
	(c) Other	11	67	–	–	7	22	18	89
14.	Nervous System –								
	(a) Epilepsy	2	8	–	–	1	2	3	10
	(b) Other	6	58	–	–	3	20	9	78
15.	Psychological –								
	(a) Development –	–	29	–	–	–	5	–	34
	(b) Stability	1	119	–	–	–	30	1	149
16.	Abdomen	1	7	–	–	–	1	1	8
17.	Other	1	6	–	–	–	2	1	8

PART II

TABLE B – SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4.	Skin	340	311
5.	Eyes –		
	(a) Vision	202	125
	(b) Squint	62	98
	(c) Other	38	53
6.	Ears –		
	(a) Hearing	72	1,083
	(b) Otitis Media	154	372
	(c) Other	132	497
7.	Nose and Throat	493	1,899
8.	Speech	92	167
9.	Lymphatic Glands	8	432
10.	Heart	63	278
11.	Lungs	132	490
12.	Developmental –		
	(a) Hernia	8	28
	(b) Other	25	150
13.	Orthopaedic –		
	(a) Posture	35	105
	(b) Feet	106	148
	(c) Other	212	453
14.	Nervous system –		
	(a) Epilepsy	30	44
	(b) Other	18	237
15.	Psychological –		
	(a) Development	19	141
	(b) Stability	24	279
16.	Abdomen	17	111
17.	Other	19	594

PART III

Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools)

TABLE A – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	241	–
Errors of refraction (including squint)	2,513	–
TOTAL	2,754	
Number of pupils for whom spectacles were prescribed	1,908	

TABLE B – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment for –		
(a) diseases of the ear	–	8
(b) adenoids and chronic tonsillitis	–	442
(c) other nose and throat conditions	–	39
Received other forms of treatment	–	15
TOTAL		504
Total number of pupils in schools who are known to have been provided with hearing aids –		
(a) in 1963	–	11
(b) in previous years	–	40

TABLE C – ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	230
(b) Pupils treated at school for postural defects	65
TOTAL	295

TABLE D – DISEASES OF THE SKIN

(Excluding uncleanliness for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm –	
(a) Scalp	–
(b) Body	1
Scabies	10
Impetigo	77
Other skin diseases	1,708
TOTAL	1,796

TABLE E – CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	114

TABLE F – SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	237

TABLE G – OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	22,240
(b) Pupils who received convalescent treatment under School Health Service arrangements	35
(c) Pupils who received B.C.G. vaccination	990
(d) Other than (a), (b) and (c) above (specify)–	
1. Sun-ray	517
2. Chiropody	1.259
3. Treatment by Paediatrician	130
TOTAL (a)–(d)	25,171

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers –	
	(a) At Periodic Inspections	13,605
	(b) As Specials	3,034
	TOTAL (1)	16,639
(2)	Number found to require treatment	10,566
(3)	Number offered treatment	10,566
(4)	Number actually treated	9,258
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	12,653
(6)	Half days devoted to:	
	(a) Periodic (School) Inspection	95
	(b) Treatment	1,413
	TOTAL (6)	1,508
(7)	Fillings –	
	(a) Permanent Teeth	3,632
	(b) Temporary Teeth	604
	TOTAL (7)	4,236
(8)	Number of teeth filled –	
	(a) Permanent Teeth	3,539
	(b) Temporary Teeth	604
	TOTAL (8)	4,143
(9)	Extractions –	
	(a) Permanent Teeth	1,743
	(b) Temporary Teeth	6,285
	TOTAL (9)	8,028
(10)	Administration of general anaesthetics for extraction	2,308
(11)	Orthodontics –	
	(a) Cases commenced during the year	49
	(b) Cases carried forward from previous year	189
	(c) Cases completed during the year	48
	(d) Cases discontinued during the year	8
	(e) Pupils treated with appliances	142
	(f) Removable appliances fitted	41
	(g) Fixed appliances fitted	–
	(h) Total attendances	479
(12)	Number of pupils supplied with artificial teeth	79
(13)	Other operations –	
	(a) Crowns	10
	(b) Inlays	–
	(c) Other treatment	1,524
	TOTAL (13)	1,534

HANDICAPPED PUPILS

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Defects	TOTAL (Cols. 1 – 10)
During the calendar year ended 31st December, 1963 –											
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	1	3	2	–	18	121	6	87	–	1	239
B. (i) Of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	1	1	1	–	16	91	–	31	–	–	141
(ii) Of the children assessed prior to 1st January, 1963 how many were newly placed in special schools (other than hospital special schools) or boarding homes?	–	4	–	–	1	38	3	10	–	–	56
TOTAL (B (i) and B (ii))	1	5	1	–	17	129	3	41	–	–	197

HANDICAPPED PUPILS – *Continued*

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Defects	TOTAL (Cols. 1 – 10)
On or about 23rd January, 1964 how many handicapped pupils from the Authority's area? –											
C. (i) were requiring places in special schools – TOTAL –											
(a) day	–	–	–	–	–	–	–	200	–	–	200
(b) boarding	1	–	–	–	4*	–	5	2	–	1	13
(ii) included at (i) had not reached the age of 5 and were awaiting –											
(a) day places	–	–	–	–	–	–	–	–	–	–	–
(b) boarding places	1	–	–	–	–	–	–	–	–	–	1
(iii) Included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting –											
(a) day places	–	–	–	–	–	–	–	52	–	–	52
(b) boarding places	–	–	–	–	–	–	–	–	–	–	–
D. (i) were on the registers of (1) maintained special schools as –											
(a) day pupils	–	11	–	–	46	211	–	212	–	–	480
(b) boarding pupils	–	–	–	–	1	1	–	3	–	–	5
(2) non-maintained special schools as –											
(a) day pupils	–	–	3	–	–	–	–	–	–	–	3
(b) Boarding pupils	6	–	13	–	3	11	2	11	–	–	46
TOTAL	6	11	16	–	50	223	2	226	–	–	534

* See E (iii) at home.

HANDICAPPED PUPILS—*Continued*

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Defects	TOTAL (Cols. 1 – 10)
D. (ii) were on the registers of independent schools under arrangements made by the Authority	–	–	–	–	–	–	5	–	–	–	5
TOTAL (D (i) and D (ii))	6	11	16	–	50	223	7	226	–	–	539
(iii) were boarded in homes and not already included under (i) and (ii) above	–	–	–	–	–	–	2	–	–	–	2
TOTAL (D (i), (ii) and (iii))	6	11	16	–	50	223	9	226	–	–	541
On or about 23rd January, 1964, how many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944? –											
E. (i) in hospitals	–	–	–	–	–	–	–	–	–	–	–
(ii) in other groups (e.g. units for spastics, convalescent homes)	–	–	–	–	–	–	–	–	–	–	–
(iii) at home	–	–	–	–	4	–	–	–	–	–	4